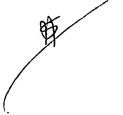
## PART B - FEE(S) TRANSMITTAL

and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313



|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                                                       | or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Fax (                                                       | 571)-273-2885                                                                                                                                                                                                                                                                                                                                           | IIIIa 22313-1430                                                                                                                          | ·                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| appropriate All further cor                                                                                                                                                                                                                                                                                          | respondence including the I<br>below or directed otherwise                                                                                              | Patent advance or                                                                                     | ders and notif                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | fication of                                                 | of maintenance fees v                                                                                                                                                                                                                                                                                                                                   | vill he mailed to the curren                                                                                                              | should be completed where<br>it correspondence address as<br>parate "FEE ADDRESS" for                                                       |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                         |                                                                                                                                                         |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                           |                                                                                                                                           |                                                                                                                                             |
| 7590 05/15/2006  Frank J. Bonini, Jr.  86 The Commons at Valley Forge East 1288 Valley Forge Road P.O. Box 750                                                                                                                                                                                                       |                                                                                                                                                         |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                                                                                                                           |                                                                                                                                             |
| Valley Forge, PA 19482-0750                                                                                                                                                                                                                                                                                          |                                                                                                                                                         |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                                                           | John F.A. Earley III (Depositor's name)  Omn F.A. Carley (Signature)                                                                                                                                                                                                                                                                                    |                                                                                                                                           |                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | August 8, 2006 (Signature)  (Signature)  (Date)                                                                                                                                                                                                                                                                                                         |                                                                                                                                           |                                                                                                                                             |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                      | FILING DATE                                                                                                                                             | FIRST NAMED INVEN                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | OR                                                                                                                                                                                                                                                                                                                                                      | ATTORNEY DOCKET NO.                                                                                                                       | CONFIRMATION NO.                                                                                                                            |
| 10/032,252                                                                                                                                                                                                                                                                                                           | 12/21/2001                                                                                                                                              | Peter V. Radatti                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                                                                         | CSI-02                                                                                                                                    | 6644                                                                                                                                        |
| TITLE OF INVENTION: A<br>SYSTEMS AND STORAGI                                                                                                                                                                                                                                                                         | APPARATUS, METHODS<br>E MEDIA                                                                                                                           | AND ARTICLES                                                                                          | OF MANUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FACTUR                                                      | E FOR SECURING                                                                                                                                                                                                                                                                                                                                          | AND MAINTAINING CO                                                                                                                        | OMPUTER                                                                                                                                     |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                          | SMALL ENTITY                                                                                                                                            | ISSUE FEE                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PUE                                                         | LICATION FEE                                                                                                                                                                                                                                                                                                                                            | TOTAL FEE(S) DUE                                                                                                                          | DATE DUE                                                                                                                                    |
| nonprovisional                                                                                                                                                                                                                                                                                                       | YES                                                                                                                                                     | \$700                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | \$300                                                                                                                                                                                                                                                                                                                                                   | \$1000                                                                                                                                    | 08/15/2006                                                                                                                                  |
| EXAMINER                                                                                                                                                                                                                                                                                                             |                                                                                                                                                         | ART UNIT                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CLA                                                         | SS-SUBCLASS                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                           |                                                                                                                                             |
| ABEL JALIL, NEVEEN                                                                                                                                                                                                                                                                                                   |                                                                                                                                                         | 2165                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | 707-200000                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                           |                                                                                                                                             |
| 1. Change of correspondence address or indication of "Fee AddreFR 1.363).  Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication for PTO/SB/47; Rev 03-02 or more recent) attached. Use of a C Number is required. |                                                                                                                                                         |                                                                                                       | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to  1 John F.A. Earley  Frank J. Bonini, Harding, Earley,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                           | J. Bonini, Jr.                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                      | RESIDENCE DATA TO BI                                                                                                                                    |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                           |                                                                                                                                             |
| PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNI                                                                                                                                                                                                                                                  | 37 CFR 3.11. Completion of                                                                                                                              | of this form is NOT                                                                                   | a substitute to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | or filing                                                   | an assignment.                                                                                                                                                                                                                                                                                                                                          | perintized below, the perintized MBIZUNE2 0                                                                                               | document has been filed for 0000022 10032252                                                                                                |
| CyberSoft, Inc.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |                                                                                                       | Conshohocken, PA 01 FC:2501 700.00 OP 300.00 OP 02 FC:1504 300.00 OP 030.00 |                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                           |                                                                                                                                             |
| Please check the appropriate                                                                                                                                                                                                                                                                                         | assignee category or categor                                                                                                                            | ries (will not be pri                                                                                 | nted on the pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | itent):                                                     | Individual 🖼 Q                                                                                                                                                                                                                                                                                                                                          | hoorige divor other private gr                                                                                                            | roup entity Government                                                                                                                      |
| 4a. The following fee(s) are enclosed:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies                                                                                                                                                                             |                                                                                                                                                         |                                                                                                       | b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0208 (enclose an extra copy of this form).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                             |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                           |                                                                                                                                             |
| a. Applicant claims Si                                                                                                                                                                                                                                                                                               | (from status indicated above) MALL ENTITY status. See 3                                                                                                 | 7 CFR 1.27.                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | 0                                                                                                                                                                                                                                                                                                                                                       | LL ENTITY status. See 37 (                                                                                                                |                                                                                                                                             |
| The Director of the USPTO of NOTE: The Issue Fee and Printerest as shown by the reco                                                                                                                                                                                                                                 | is requested to apply the Issu<br>ublication Fee (if required) w<br>rds of the United States Pate                                                       | e Fee and Publicat<br>rill not be accepted<br>nt and Trademark                                        | ion Fee (if any<br>from anyone<br>Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | y) or to re<br>other tha                                    | e-apply any previousl<br>n the applicant; a regi                                                                                                                                                                                                                                                                                                        | y paid issue fee to the applic<br>stered attorney or agent; or                                                                            | ation identified above.<br>the assignee or other party in                                                                                   |
| Authorized Signature                                                                                                                                                                                                                                                                                                 | John F.A.Ea                                                                                                                                             | ley m                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | Date                                                                                                                                                                                                                                                                                                                                                    | 8/8/06                                                                                                                                    |                                                                                                                                             |
| Typed or printed name John F.A. Earley I                                                                                                                                                                                                                                                                             |                                                                                                                                                         |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | Date 8/6/06 Registration No. 31,350                                                                                                                                                                                                                                                                                                                     |                                                                                                                                           |                                                                                                                                             |
| This collection of information an application. Confidentialists submitting the completed applies form and/or suggestions Box 1450, Alexandria, Virgina 2211.                                                                                                                                                         | n is required by 37 CFR 1.31<br>ty is governed by 35 U.S.C.<br>plication form to the USPTC<br>for reducing this burden, sh<br>nia 22313-1450. DO NOT \$ | 11. The information<br>122 and 37 CFR 1<br>D. Time will vary<br>ould be sent to the<br>SEND FEES OR C | n is required to<br>.14. This colled<br>depending upon<br>Chief Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | o obtain of<br>ection is<br>on the in<br>ation Off<br>FORMS | or retain a benefit by the estimated to take 12 dividual case. Any collicer, U.S. Patent and TO THIS ADDRESS                                                                                                                                                                                                                                            | he public which is to file (arminutes to complete, includionments on the amount of t Trademark Office, U.S. Dep. S. SEND TO: Commissioner | nd by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, |